

Tackling the quality of non-prescription medicines dispensing in pharmacies by combining a Balanced Score Card with change management: interim findings

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Context

- Research indicates that pharmacy performance in supplying non-prescription medicines (NPM) is often suboptimal¹.
- A previous case study², suggests the need of exploring an organizational approach to quality improvement.
- Organizational culture has been poorly investigated in community pharmacy³.

Aim

The study aims to address this existing knowledge gap by developing and testing a managerial instrument – a Balanced Score Card (BSC) – for the quality supply of NPM.

*Monthly meetings have been held to discuss data yielded and potentially needed actions.

Methods

- Exploratory sample size, as usual in “proof of concept” studies
 - Four to six pharmacies with different characteristics (currently three)
- Purposive sampling
 - Location (urban, suburban and rural);
 - Number of staff (as a proxy for pharmacy turnover).
- These characteristics are relevant to ensure variability in the conditions under which the BSC will be developed and tested.
- Thirteen indicators were initially identified relating to four essential BSC perspectives⁴:

- NPM Pharmacy Service – Balanced Score Card*

Customer Perspective	Interventions (number)	Satisfaction: Questionnaire (percentage) and Complaints (number)	Follow-Up (percentage)
Internal Business Processes	Professional Satisfaction (percentage)	Identification of Critical Processes and improvements (Actions Taken)	
Ability to Learn and Innovate	Organizational Culture (percentage)	Training in NPM (number)	Suggestions: number made and percentage of implemented
Financial Perspective	Evolution of NPM sales (percentage)	Evolution of NPM number of packages sold (percentage)	NPM sales margin evolution (value)

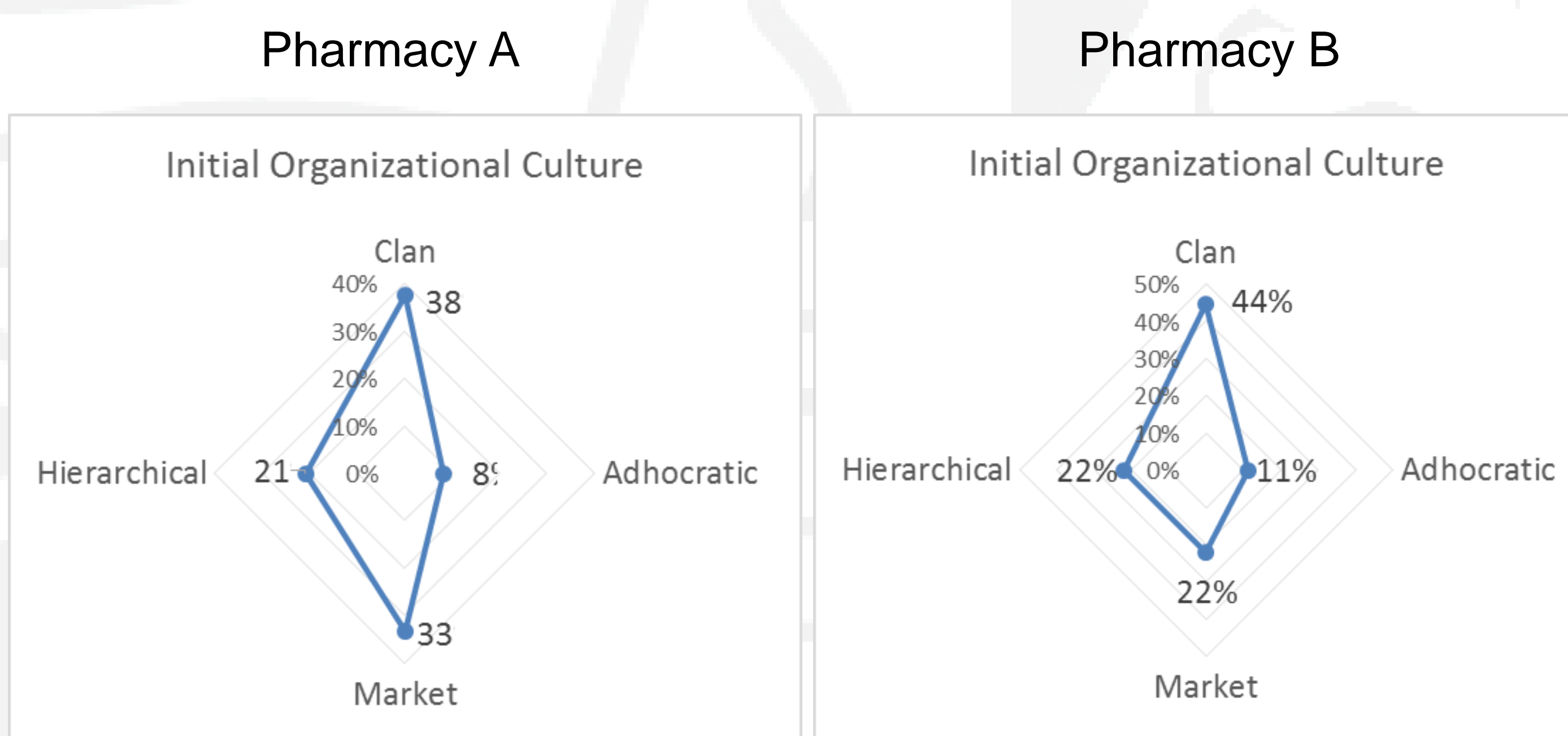
Results

Preliminary results from three pharmacies indicate a high customer satisfaction:

- 93% Satisfaction reported by the phone questionnaire (73 customer responses);
- 88% Satisfaction reported by phone with the proposed pharmaceutical intervention to their minor ailment.

Overall, professional satisfaction at baseline was high (83%).

At the baseline the dominant culture type in the pharmacies was clan, as it can be observed in the graphics.



In the first months of BSC testing there was an increase in NPM margins, even when sales were lower comparing with homologous months.

Pharmacy interventions and recruited customers, evolved in the following way: Month 1 (A=17; B=18), Month 2 (A=4; B=1), Month 3 (A=4; B=2), Month 4 (A=3; B=12), Month 5 (A=4; B=4) and Month 6 (A=15; B=8).

Discussion

Staff commitment to the study waned after the first month, improving in the last, creating difficulties in data collection. This can be attributed to lack of time and staff shortages. On the positive side, BSC testing has enabled a better understanding of the mechanisms associated with the quality supply of NPM. Estimated study duration in each pharmacy is 6 months. After this period, focus groups with consenting pharmacy staff will be conducted. This will allow more in-depth exploration of staff's views on the usefulness and applicability of BSC as a quality improvement tool in NPM dispensing.

References:

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